

Civil Action No.: 1:20-CV-11297-PBS

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) William P. Barr, U.S. Attorney General,
Office of the Attorney General, U.S. Department
was received by me on (date) 07/14/2020 of Justice

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

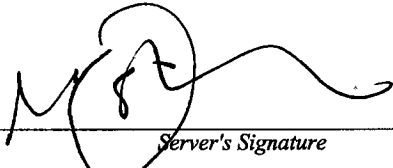
☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Summons was served by delivering via US Postal Service - Certified Mail to
William P. Barr, U.S. Attorney General, located in the Robert F. Kennedy Building at
950 Pennsylvania Ave, NW, Washington D.C 20530.
See below additional notes regarding service.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

7/16/2020
Date


Server's Signature
Matthew Ostman, Process Server
Printed name and title

900 Jackson St, Suite 750, Dallas TX 75202
Server's Address

Additional information regarding attempted service, etc:

Due to the COVID-19 pandemic the public does not have access to this building so service is to be made in compliance w/ Rule 4(i) of the Federal Rules of Civil Procedure, that complaints & summonses can be served on agencies through registered or certified mail. Certified Mail Receipt and Image of Mailing Envelope are attached.

Documents Mailed: Federal Summons in a Civil Action, Complaint, Motion For Leave to Appear
Pro Hac Vice (x3)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON, DC 20530

OFFICIAL USE

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$11.75

Total Postage and Fees \$18.15

Sent To
 William Barr, US Atty General
 Street and Apt. No., or PO Box No.
 950 Pennsylvania Ave, NW
 Washington D.C. 20530

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0061 16

Postmark Here
 JUL 15 2020
 75063

7019 0140 0001 0529 4254

900 Jackson St, Suite 750
Dallas TX 75202

*** PERSONAL & CONFIDENTIAL ***

William P. Barr, U.S. Attorney General
Office of the Attorney General, U.S. Department of Justice
Robert F. Kennedy Building
U.S. Department of Justice
950 Pennsylvania Ave, NW
Washington D.C. 20530

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY													
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee													
1. Article Addressed to: William P. Barr, U.S. Attorney General Office of the Attorney General, U.S. Department of Justice Robert F. Kennedy Building 950 Pennsylvania Ave, NW Washington D.C. 20530 9590 9402 4549 8278 3926 74		B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
2. Article Number (Transfer from service label) PS Form 3811, July 2015 PSN 7530-02-000-9053		3. Service Type <table border="0"><tr><td><input type="checkbox"/> Adult Signature</td><td><input type="checkbox"/> Priority Mail Express®</td></tr><tr><td><input type="checkbox"/> Adult Signature Restricted Delivery</td><td><input type="checkbox"/> Registered Mail™</td></tr><tr><td><input type="checkbox"/> Certified Mail®</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Certified Mail Restricted Delivery</td><td><input type="checkbox"/> Signature Confirmation™</td></tr><tr><td><input type="checkbox"/> Collect on Delivery</td><td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td></tr><tr><td><input type="checkbox"/> Insured Mail (over \$500)</td><td><input type="checkbox"/> Restricted Delivery</td></tr></table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail (over \$500)	<input type="checkbox"/> Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail (over \$500)	<input type="checkbox"/> Restricted Delivery														

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com

OFFICIAL USE

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Restricted	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Total Postage and Fees

7019 0140 0001 0529 4254
7019 0140 0001 0529 4254



CERTIFIED MAIL®
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7019 0140 0001 0529 4254

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Sent to
William P. Barr, US Atty General
950 Pennsylvania Ave, NW
Washington D.C. 20530

Postmark
Here

Civil Action No.: **1:20-CV-11297-PBS**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) U.S. Department of Health & Human Services
was received by me on (date) 07/14/2020.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Summons was served by delivering via US Postal Service - Certified Mail to
The US Dept. of Health & Human Services located in the Hubert Humphrey
Building at 200 Independence Ave, SW, Washington D.C 20201.
See below additional notes regarding service.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

7/16/2020
Date


Server's Signature

Matthew Ostman, Process Server
Printed name and title

900 Jackson St, Suite 750, Dallas TX 75202
Server's Address

Additional information regarding attempted service, etc:

As per the Dept. of Health & Human Services website, General Counsel - Robert P. Charrow: Due to the COVID-19 pandemic they do not have adequate staff to accept personal service of complaints & summonses. Until further notice they insist on strict compliance w/ Rule 4(i) of the Federal Rules of Civil Procedure that complaints & summonses may only be served on agencies through registered or certified mail. Certified Mail Receipt and Image of Mailing Envelope are attached.

Documents Mailed: Federal Summons in a Civil Action, Complaint, Motion For Leave to Appear
Pro Hac Vice (x3)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON DC 20201

OFFICIAL USE

Certified Mail Fee	\$3.55
Extra Services & Fees (check box, add fee as appropriate)	\$2.85
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$11.75
Total Postage and Fees	\$18.15

Sent To
 US Dept of Health & Human Services
 Street and Apt. No., or PO Box No.
 200 Independence Ave SW
 City, State ZIP+4®
 Washington D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0081
 07/15/2020
 15063
 07/15/2020
 15063

900 Jackson St, Suite 750
Dallas TX 75202

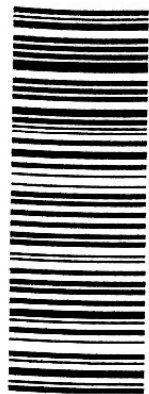
*** PERSONAL & CONFIDENTIAL ***

U.S. Department of Health & Human Services
ATTN: Office of General Counsel
Hubert H. Humphrey Building
200 Independence Ave SW
Washington D.C. 20201

7019 0140 0001 0529 4230

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7019 0140 0001 0529 4230

7019 0140 0001 0529 4230

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

US Dept of Health & Human Services

Street and Apt. No., or PO Box No.

200 Independence Ave SW

City, State, ZIP+4®

Washington D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

☐ Yes

☐ No

D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Health & Human Services

ATTN: Office of General Counsel

Hubert H. Humphrey Building

200 Independence Ave SW

Washington D.C. 20201



9590 9402 4549 8278 3926 98

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Civil Action No.: **1:20-CV-11297-PBS**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Alex M. Azar, II, United States Secretary of Health & Human Services - U.S. Department of Health & Human Services
was received by me on (date) 07/14/2020.

- ☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or
- ☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or
- ☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- ☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Summons was served by delivering via US Postal Service - Certified Mail to
Alex Azar II, US Secretary of Health & Human Services, located in the Hubert
Humphrey Building at 200 Independence Ave, SW, Room 120F, Washington D.C.
20201. See below additional notes regarding service.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

7/16/2020
Date


Server's Signature

Matthew Ostman, Process Server
Printed name and title

900 Jackson St, Suite 750, Dallas TX 75202
Server's Address

Additional information regarding attempted service, etc:

As per the Dept. of Health & Human Services website, General Counsel - Robert P. Charrow: Due to the COVID-19 pandemic they do not have adequate staff to accept personal service of complaints & summonses. Until further notice they insist on strict compliance w/ Rule 4(i) of the Federal Rules of Civil Procedure that complaints & summonses may only be served on agencies through registered or certified mail. Certified Mail Receipt and Image of Mailing Envelope are attached.

Documents Mailed: Federal Summons in a Civil Action, Complaint, Motion For Leave to Appear
Pro Hac Vice (x3)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON, DC 20201

OFFICIAL USE

Certified Mail Fee \$3.55

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$2.85
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$11.75

Total Postage and Fees \$18.15

Sent To
 Alex Azar, US Sec of Health & Human
 Street and Apt. No., or PO Box No.
 200 Independence Ave SW, Rm 120 F
 City and State
 Washington D.C 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1019 0140 0001 0529 4247

0061
 JUL 15 2020
 Postmark Here
 75063

*** PERSONAL & CONFIDENTIAL ***

Alex M. Azar, II, United States Secretary of Health & Human Services
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Ave SW
Room 120 F
Washington D.C. 20201

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent X</p>	
<p>1. Article Addressed to: Alex M. Azar, II, United States Sec. of Health & Human Services Hubert H. Humphrey Building 200 Independence Ave SW, Room 120F Washington D.C. 20201</p>		<p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label) 9590 9402 4549 8278 3926 81</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail (over \$500) <input type="checkbox"/> Insured Mail Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7019 0140 0001 0529 4247
7019 0140 0001 0529 4247

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE.

U.S. Postal Service®
Domestic Mail Only
CERTIFIED MAIL® RECEIPT

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postmark Here

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Total Postage and Fees \$

Sent to Alex Azar, US Sec of Health & Human Services
200 Independence Ave SW, Rm 120 F
Washington D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Civil Action No.: **1:20-CV-11297-PBS****PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*This summons for (name of individual and title, if any) Roger Severino, Director, Office of Civil Rights - U.S. Department of Health & Human Serviceswas received by me on (date) 07/14/2020.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

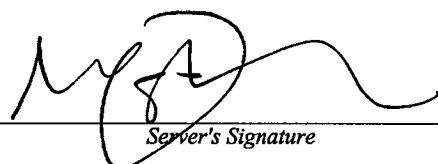
☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Summons was served by delivering via US Postal Service - Certified Mail to
 Roger Severino, Director, Office of Civil Rights, located in the Hubert Humphrey
 Building at 200 Independence Ave, SW, Room 515F, Washington D.C. 20201
 See below additional notes regarding service.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

7/16/2020
 Date


 Server's Signature
Matthew Ostman, Process Server
 Printed name and title

900 Jackson St, Suite 750, Dallas TX 75202
 Server's Address

Additional information regarding attempted service, etc:

As per the Dept. of Health & Human Services website, General Counsel - Robert P. Charrow: Due to the COVID-19 pandemic they do not have adequate staff to accept personal service of complaints & summonses. Until further notice they insist on strict compliance w/ Rule 4(i) of the Federal Rules of Civil Procedure that complaints & summonses may only be served on agencies through registered or certified mail. Certified Mail Receipt and Image of Mailing Envelope are attached.

Documents Mailed: Federal Summons in a Civil Action, Complaint, Motion For Leave to Appear
 Pro Hac Vice (x3)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON DC 20201

OFFICIAL USE

Certified Mail Fee \$3.55

Postage \$11.75

Total Postage and Fees \$18.15

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$2.85
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postmark Here
 JUL 15 2020
 07/15/2020
 3905L

Sent To
 Roger Serevino, Director, Off Civil Right
 Street and Apt. No., or PO Box No.
 200 Independence Ave, SW
 Washington D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 0140
PLACE STICKER A
OF THE RETURN

U.S. Postal ServiceTM CERTIFIED MAIL[®] RECEIPT Domestic Mail Only		OFFICIAL USE For delivery information, visit our website at www.usps.com	
Postmark Here		Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) \$ <input type="checkbox"/> Return Receipt (hardcopy) <input type="checkbox"/> Return Receipt (electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$	
Sent to Roger Sereyino, Director, Off. Civ. Rights 200 Independence Ave, SW Washington, D.C. 20201		PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

Civil Action No.: **1:20-CV-11297-PBS**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Seema Verma, Administrator, Centers for Medicare & Medicaid Services - U.S. Department of Health & Human Services
was received by me on (date) 07/14/2020.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): Summons was served by delivering via US Postal Service - Certified Mail to Seema Verma, Administrator, Centers for Medicare & Medicaid Services, located in the Hubert Humphrey Building at 200 Independence Ave, SW, Washington D.C. 20201. See below additional notes regarding service.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

7/16/2020
Date


Server's Signature

Matthew Ostman, Process Server
Printed name and title

900 Jackson St, Suite 750, Dallas TX 75202
Server's Address

Additional information regarding attempted service, etc:

As per the Dept. of Health & Human Services website, General Counsel - Robert P. Charrow: Due to the COVID-19 pandemic they do not have adequate staff to accept personal service of complaints & summonses. Until further notice they insist on strict compliance w/ Rule 4(i) of the Federal Rules of Civil Procedure that complaints & summonses may only be served on agencies through registered or certified mail. Certified Mail Receipt and Image of Mailing Envelope are attached.

Documents Mailed: Federal Summons in a Civil Action, Complaint, Motion For Leave to Appear
Pro Hac Vice (x3)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

WASHINGTON, DC 20201

Certified Mail Fee \$ **7.55**

Extra Services & Fees (Check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 2.85
<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

Postage \$ **11.75**

Total Postage and Fees \$ **18.15**

Sent To **Seema Verma, Admin. Centers for Medicare**

Street and Apt. No., or PO Box No. **200 Independence Ave, SW**

City, State, ZIP+4® **Washington D.C. 20201**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark: JUL 5 2020

75063

5d5061 18

900 Jackson St, Suite 750
Dallas TX 75202

*** PERSONAL & CONFIDENTIAL ***

Seema Verma, Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Ave, SW
Washington D.C. 20201

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: Seema Verma, Administrator, Centers for Medicare & Medicaid Services - U.S. Department of Health & Human Services 200 Independence Ave, SW Washington D.C. 20201</p> <p>2. Article Number (Transfer from service label) 9590 9402 4549 8278 3926 67</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9063</p>		<p>A. Signature X</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

Domestic Return Receipt

7019 0140 0001 0529 4261

CERTIFIED MAIL®

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Sent To: Seema Verma, Admin. Centers for Medicare & Medicaid Services, 200 Independence Ave, SW, Washington D.C. 20201

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Total Postage and Fees	
Postage	\$
Extra Services & Fees (check box, add fee as appropriate)	\$
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark Here